



# DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **LIPID CONJUGATED ANTI-CANCER DRUGS AND METHODS OF USE**

## THEREOF

the specification of which [check one(s) applicable]

☒ was filed June 24, 2003 as U.S. Application No. 10/602,978  
(if applicable); [or];  
☐ and was amended by Amendment filed \_\_\_\_\_  
☐ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

**CLAIM UNDER 35 USC §119(e):** I hereby claim the benefit under 35 USC §119(e) of any United States provisional applications listed below:

Provisional Application No.

Filing Date  
Day/Mo/Year

60/392,117

27 June 2002

**POWER OF ATTORNEY:** As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Kathleen D. Rigaut, Ph.D. Reg. No. 43,047, Patrick J. Hagan, Esq. Reg. No. 27,643.**

**POWER TO INSPECT:** I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

**SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110.**

**DIRECT INQUIRIES TO:** Kathleen D. Rigaut, Ph.D., J.D.  
Telephone: (215) 563-4100  
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SOLE OR FIRST JOINT INVENTOR

Full Name William Stillwell  
First Middle Last

Signature William Stillwell

Date August 11, 2003

Residence Indianapolis, IN  
City State or Country

Citizenship USA

Post Office Address:

8170 Rush Place  
Indianapolis IN 46250  
City State or Country Zip Code

## SECOND JOINT INVENTOR

Full Name Mustapha Zerouga  
First Middle Last

Signature Mustapha Zerouga

Date 08/11/03

Residence INDIANAPOLIS IN  
City State or Country

Citizenship USA

Post Office Address:

3480 WOODFRONT DRIVE  
INDIANAPOLIS IN 46222  
City State or Country Zip Code

**THIRD JOINT INVENTOR**

Full Name Laura J. Jensi  
First Middle Last

Signature *Laura Jensi*

Date 8.14.03

Residence Milton, WV  
City State or Country

Citizenship USA

Post Office Address:

2600 Newmans Branch Road  
Milton WV 25541  
City State or Country Zip Code

**FOURTH JOINT INVENTOR**

Full Name \_\_\_\_\_  
First Middle Last

Signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_  
City State or Country

Citizenship \_\_\_\_\_

Post Office Address:

\_\_\_\_\_  
\_\_\_\_\_  
City State or Country Zip Code